

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTION FEE (if required). Blocks 1 through 4 should be completed where INSTRUCTION

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
	90 07/02/2004					
BIRCH STEWAR	RT KOLASCH & BI	RCH , LLLP		Ce I hereby certify that the	rtificate of Mailing or Transins Fee(s) Transmittal is being with sufficient postage for firs il Stop ISSUE FEE address PTO, on the date indicated belo	deposited with the United
PO BOX 747		/017	ic/	States Postal Service	with sufficient postage for firs	above, or being facsimile
FALLS CHURCH,	VA 22040-0747		(c)	transmitted to the USI	TO, on the date indicated belo	(Depositor's name)
1/2004 CNGUYEN1 0000	0091 09508849	SEP 3 D 2	, , , , , , , , , , , , , , , , , , ,	<u> </u>		(Signature)
C:1501	1330.00 OP	13	اللا بيا			(Date)
C:8001	12.00 OP	E.	E T			(Date)
	SU DIC DATE	PADEME	RST NAMED I	NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
APPLICATION NO.	FILING DATE	SHIGEKAZ			1110-266PCT	5291
09/508,849	03/17/2000		JINGELL 100			
TITLE OF INVENTION: N	IOVEL FAS LIGAND DERI	IVAIIVE				
		T year The		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY	ISSUE FE		\$0	\$1330	10/04/2004
nonprovisional	ИО	\$1330			\neg	
EXA	EXAMINER		IT .	CLASS-SUBCLASS		
HARRIS.	HARRIS, ALANA M			530-300000		
Address form P10/SB/ "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unle been previously submit (A) NAME OF ASSIGMOCHIDA PHA	ATTENCE INSTITE	BE PRINTED ON To below, no assignee dig submitted under se (F. CO., LTD.	agent) and attorneys o will be prin THE PATENT lata will appear parate cover. C RESIDENCE	(print or type) on the patent. Inclusion of completion of this form is NE: (CITY and STATE OR COTTOKYO, Japan Suita-shi,	f assignee data is only appropi OT a substitute for filing an as	
Please check the annronri	ate assignee category or cate	gories (will not be p	rinted on the pa		a corporation of other pro-	
ricase check the appropri	re enclosed:	4	b. Payment of	the amount of the fee(s) is	enclosed.	
4a. The following fee(s) a			A CHECK I			
4a. The following fee(s) a State Fee			☐ Payment b	- 1th annual Form DTO-20	138 is attached.	
4a. The following fee(s) a State Fee Publication Fee	of Coming 4		The Direct	y credit card. Form PTO-20 tor is hereby authorized b)38 is attached. y charge the required fee(s),	or credit any overpayment, to a copy of this form).
4a. The following fee(s) a State Fee Publication Fee	of Copies4		The Direct	y credit card. Form PTO-20 tor is hereby authorized b)38 is attached. y charge the required fee(s),	or credit any overpayment, to a copy of this form).
4a. The following fee(s) a	of Copies4 quested to apply the Issue Fer		The Direct	y credit card. Form PTO-20 ctor is hereby authorized bount Number 02-24- re-apply any previously pa	138 is attached.	or credit any overpayment, to a copy of this form).